

Name in Full

Certificate of Death

*Lloyd*

Died at *near* *Princess Anne Somerset* MARYLAND

Town County

Month Day Y. M. D. Native of Occupation

Date 189*8* *June 26* Age *6*

~~Male~~ *White* Married Widow Divorced

Female ~~Colored~~ Single Widower Number of children living

Husband  
of  
Wife

Father's Name *Geo. W. Lloyd* Mother's Name *don't know.*

Cause of Death Primary Immediate *Typhoid* | How long sick |

Accident, Suicide, Homicide

Reported by *Saml. Bounds*

Address *Widgeon*  *Somerset*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Attended by Dr. Goldsborough  
of \_\_\_\_\_

Seen by Coroner \_\_\_\_\_  
of \_\_\_\_\_

Information contained in this certificate received  
from \_\_\_\_\_

of James A. Smith  
Undertaker